

1	TIME	Month	Day	Year	Day of Week	1	2	3	4	5	6	7	Military Time	DLD Number
		Date of Crash	S	M		T	W	T	F	S				

2	LOCATION	PLACE WHERE CRASH OCCURRED:	COUNTY	City or Town of Jurisdiction	Case Number	
		If crash was outside city limits indicate distance from city limits or nearest town _____ Miles	CODE	N S E W	Latitude	Longitude
		ROAD, STREET, HWY CRASH OCCURRED:	Street Name or Highway Number	UDOT USE ONLY	REPORTABLE CRASH	
		1. AT THE INTERSECTION WITH _____	Feet	N S E W	<input type="checkbox"/> YES <input type="checkbox"/> NO	

3	VEH # (Own)	VIN#	NUMBER	STATE	EXP DATE	COLOR	MAKE	MODEL	YEAR	OCCUPANT(S)
4	DRIVER	FIRST	INITIAL	LAST	STREET, CITY, STATE, ZIP			PHONE ()		
4	DRIVER LICENSE	STATE	NUMBER	CLASS	ENDORSEMENT(S)	RESTRICTION(S)	DATE OF BIRTH	AGE	CHARGE(S)	CITATION #
4	OWNER	FIRST	INITIAL	LAST	STREET, CITY, STATE, ZIP			PHONE ()		

5	COMMERCIAL VEHICLE INFO	CARRIER	NAME	STREET, CITY, STATE, ZIP	PHONE ()		
5	US DOT #	CVSA INSPECTION #	GCWR / GVWR (check one)	HAZ MAT RELEASED	HAZ MAT PLACARD # or NAME - CLASS	CARGO CODE	GOVT / PERSONAL

6	1ST TRAILER LICENSE PLATE #	STATE	EXP DATE	LENGTH	2ND TRAILER LICENSE PLATE #	STATE	EXP DATE	LENGTH	3RD TRAILER LICENSE PLATE #	STATE	EXP DATE	LENGTH
6	SPEED	POSTED	POSTED ADVISORY	EST TRAVEL	EST IMPACT	ESTIMATED BY:	SEQUENCE OF EVENTS	FIRST EVENT	SECOND EVENT	THIRD EVENT	FOURTH EVENT	MOST HARMFUL EVENT For VEHICLE
7	VEHICLE DAMAGE	ESTIMATED DAMAGE	INSURANCE COMPANY	EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER						

8	VEH # (Event)	VIN#	LICENSE PLATE INFO	NUMBER	STATE	EXP DATE	MAKE	MODEL	YEAR	OCCUPANT(S)
8	DRIVER	FIRST	INITIAL	LAST	STREET, CITY, STATE, ZIP			PHONE ()		
8	DRIVER LICENSE	STATE	NUMBER	CLASS	ENDORSEMENT(S)	RESTRICTION(S)	DATE OF BIRTH	AGE	CHARGE(S)	CITATION #
9	OWNER	FIRST	INITIAL	LAST	STREET, CITY, STATE, ZIP			PHONE ()		

9	COMMERCIAL VEHICLE INFO	CARRIER	NAME	STREET, CITY, STATE, ZIP	PHONE ()							
10	US DOT #	CVSA INSPECTION #	GCWR / GVWR (check one)	HAZ MAT RELEASED	HAZ MAT PLACARD # or NAME - CLASS	CARGO CODE	GOVT / PERSONAL					
10	1ST TRAILER LICENSE PLATE #	STATE	EXP DATE	LENGTH	2ND TRAILER LICENSE PLATE #	STATE	EXP DATE	LENGTH	3RD TRAILER LICENSE PLATE #	STATE	EXP DATE	LENGTH
11	SPEED	POSTED	POSTED ADVISORY	EST TRAVEL	EST IMPACT	ESTIMATED BY:	SEQUENCE OF EVENTS	FIRST EVENT	SECOND EVENT	THIRD EVENT	FOURTH EVENT	MOST HARMFUL EVENT For VEHICLE
11	VEHICLE DAMAGE	ESTIMATED DAMAGE	INSURANCE COMPANY	EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER						

12	Work Zone?	Total # of Lanes on Roadway	Damage to Property Other than Vehicles	Workers Present?	# Vehicles Involved	Name and Address of Owner of Object Struck	Phone ()	PROPERTY DAMAGE ESTIMATE
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13	WITNESSES	Name	Address	Phone ()	
13	Law Enforcement Activity	Time Notified of Crash	Arrived at Scene	Date Notified of Crash	Investigation Completed
13		Field Diagram	Video	Photo (s)	Digital / Film

ORIGINAL REPORT
 ADDITIONAL PERSONS REPORT
 SUPPLEMENTAL REPORT
 AMENDED REPORT

State Law Requires a Reportable Crash Report to be Forwarded to Dept. of Public Safety Within 10 Days Following Completion of Investigation. Mail ORIGINAL REPORT TO: Driver License Division, 4501 South 2700 West, P.O.Box 30560, Salt Lake City, Utah 84130-0560

Proof #4 03-11-06 1A 8510054178

